

Extended School Year (ESY) Services

CLASS LIST 2017-2018

Current School: _____

Date: _____

ESY School HUB Location: _____

ESY Service(s): _____

ESY Teacher: _____

ESY Teacher Assistant: _____

Student	Disability	Ambulatory (Indicate wheelchair or other assistive device)		Verbal (V) Nonverbal (NV)		Sending School	Type of Related Service(s)	Dietary Restrictions (i.e., allergy, pureed foods, tube feeding)	Medical Restrictions (i.e., ventilator, shunt)
		Yes	No	V	NV				
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2.									
3.									
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